

**Testimony of the National Alliance on Mental Illness (NAMI) of
Connecticut
Before the Judiciary Committee**

April 15, 2013

**In Support of
HB 6684 AN ACT CONCERNING THE ESTABLISHMENT OF AN INTAKE,
REFERRAL AND INTERVENTION SYSTEM RELATING TO THE PROVISION AND
DELIVERY OF MENTAL HEALTH SERVICES**

Senator Coleman, Representative Fox and distinguished members of the Judiciary committee, my name is Daniela Giordano and I am the Public Policy Director for Adults, State and National matters with the National Alliance on Mental Illness (NAMI) of Connecticut. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental illness. NAMI Connecticut offers support groups, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. We represent individuals who actually live with mental illness and parents and family members of individuals living with mental illness. I am here today on behalf of NAMI Connecticut to support HB 6684 An Act Concerning the Establishment of an Intake, Referral and Intervention System Relating to the Provision and Delivery of Mental Health Services.

Connecticut is considered a national leader regarding its public mental health system, a place where treatment services and supports for people dealing with mental health challenges are person-centered and recovery-oriented. The recovery model views a person as a holistic being who wants and needs interconnecting pieces to be in place including stable housing, meaningful activities including work and volunteer opportunities, communities to which they belong and can contribute, spiritual practices etc.

However, this does not mean that there isn't room for improvement. We can further Connecticut's progress by implementing HB 6684. There are still individuals in our state whose mental health treatment needs have not been adequately addressed by the current service delivery system. This bill proposes best practices and needed services that are not widely available in our present system of care. The model programs included in the bill have been shown to support stability and reduce hospitalization and are specifically designed to reach out and engage people "where

they are at” instead of telling people where they “should be.” The bill requires the Department of Mental Health and Addiction Services (DMHAS) to establish an intake, referral and intervention system to support persons whose needs have not been met by the system and who have not been consistently engaged in services. This system includes five parts that are essential to people’s recovery as it relates to involvement in the legal system, peer supports, supportive housing and respite services.

Enhancing the collaboration between DMHAS and the probate courts in major cities (Hartford, New Haven, Middletown and others as determined by the commissioner) will allow people who are interacting with the legal system and who are eligible for DMHAS services to be connected to appropriate supports including housing and peer support services.

Peer support programs promote ongoing supportive relationships between a person with a mental illness and a trained peer. In the Peer Bridger program a trained peer establishes a relationship with an individual when he or she is in the hospital and continues these supportive interactions once the individual is discharged to the community, resulting in uninterrupted quality care during this crucial time of transitioning.

Peer support services may also be provided to people in the community whose behaviors indicate that they would benefit from this intervention, for instance persons who the system has not been able to consistently engage in obtaining mental health services. The peer serves varied and complementary roles including that of a role model, mentor, teacher, connector (including to services appropriate for each person’s circumstances), advocate, supporter, ally, and a source of encouragement and hopeⁱ. This proven program has been shown to reduce hospitalizations in other states including Tennessee and Wisconsin, by 71% and 44%, respectivelyⁱⁱ.

The Housing First model combines subsidized housing and the evidence-based practice of assertive community treatment (ACT) to provide stable, affordable housing and support services as a foundation for person-centered recovery. A five-year study showed a drastically improved housing retention when comparing Housing First with the usual residential treatment model. Almost twice as many tenants maintained their housing with this less restrictive and person-driven approach, 88% compared to 47%, challenging many widely held clinical assumptions about the relationship between the symptoms and the functional ability of an individualⁱⁱⁱ.

Furthermore, expanded access to respite services will result in reduced utilization of high-cost emergency room and hospital-based services for people who temporarily need more intensive supports. It allows a person to stabilize in a supportive setting and return to his or her community without the stressors of a hospitalization.

Another important legal and care coordination piece is the department's collaboration with services providers and mental health advocates to increase awareness of the benefits of having an Advance Directive. This legal document allows the individual to specify services, treatments and medications that work for him or her and to designate a health care representative who is authorized to make decisions when they are unable to do so.

These system enhancements will go a long way to improve engagement for people whose needs have not been met up until this point. Many elements of this proposed intake, referral and intervention system are likely to save the state money by helping to keep people from having to use more costly services such as hospitalizations while at the same time giving people the opportunity to increase their quality of life.

Thank you for your time and listening. I am happy to answer any questions you may have.

Daniela Giordano

ⁱ New York Association of Psychiatric Rehabilitation Services, Inc. *Overview of the Peer Bridger Model*.
<http://www.nyaprs.org/peer-services/peer-bridger/>

ⁱⁱ Mental Health Empowerment Project. *"Peer-Run Services Fact Sheet*.
http://www.mhepinc.org/images/stories/coalition/newPeer_Services_Fact_SheetFINAL.pdf

ⁱⁱⁱ U.S. National Library of Medicine. National Institute of Health.(2000). *Pathways to Housing: supported housing for street-dwelling homeless individuals with psychiatric disabilities*.